

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
107009226

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1							51				
2							52				
3							53				
4							54				
5							55				
6							56				
7							57				
8							58				
9							59				
10							60				
11			1				61				
12			1				62				
13			1				63				
14			1				64				
15			1				65				
16			1				66				
17			1				67				
18			1				68				
19			1				69				
20			1				70				
21			1				71				
22			1				72				
23			1				73				
24			1				74				
25			1				75				
26			1				76				
27			1				77				
28			1				78				
29			1				79				
30			1				80				
31			1				81				
32			1				82				
33			1				83				
34			1				84				
35			1				85				
36			1				86				
37			1				87				
38			1				88				
39			1				89				
40			1				90				
41			1				91				
42			1				92				
43			1				93				
44			1				94				
45			1				95				
46			1				96				
47			1				97				
48			1				98				
49			1				99				
50			1				100				
TOTAL IND.			1				TOTAL IND.				
TOTAL DEP.			1				TOTAL DEP.				
TOTAL CLAIMS			20				TOTAL CLAIMS				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS